| Fill in this i                 | nformation to identify your      | case and this filing:                |   |   |   |
|--------------------------------|----------------------------------|--------------------------------------|---|---|---|
| Debtor 1                       | Keara Kapusniak                  |                                      |   |   |   |
|                                | First Name                       | Middle Name                          | Last Name   |   |   |
| Debtor 2<br>(Spouse, if filing | ) First Name                     | Middle Name                          | Last Name   |   |   |
|                                | ,                                |                                      |   |   |   |
| United State                   | s Bankruptcy Court for the:      | EASTERN DISTRICT OF I                | MISSOURI  |   |   |
| Case numbe                     | er 16-41373                      |                                      |   |   | ☐ Check if this is an                   |
|                                |                                  |                                      |   |   | amended filing                          |
|                                |                                  |                                      |   |   |   |
| Official                       | Form 106A/B                      |                                      |   |   |   |
| _                              | lule A/B: Prop                   | ertv                                 |   |   | 12/15                                   |
|                                |                                  |                                      | . If an asset fits in more than on                                    | e category, list the asset in the                     |   |
|                                |                                  |                                      | are filing together, both are equally additional pages, write your na |   |   |
| ore space is                   | nieeueu, allacii a separate siie | et to this form. On the top of al    | iy additional pages, write your na                                    | ille alla case llulliber (il kilow                    | ii). Aliswel every questio              |
| Part 1: Desc                   | cribe Each Residence, Building   | , Land, or Other Real Estate Yo      | ou Own or Have an Interest In   |   |   |
| Do you owr                     | n or have any legal or equitable | interest in any residence, buil      | ding, land, or similar property?                                      |   |   |
| _                              | , . 5                            | ,,                                   | 3, a 1, 1 a p 1, 1, 1   |   |   |
| No. Go to                      | o Part 2.                        |                                      |   |   |   |
| ☐ Yes. Wh                      | nere is the property?            |                                      |   |   |   |
| _                              |                                  |                                      |   |   |   |
| Part 2: Desc                   | cribe Your Vehicles              |                                      |   |   |   |
| o you own.                     | , lease, or have legal or eq     | uitable interest in any vehi         | cles, whether they are regist   | ered or not? Include anv v                            | ehicles you own that                    |
|                                |                                  |                                      | e G: Executory Contracts and  |   | , |
|                                |                                  | tilituusekielee maatemasselee        |   |   |   |
| cars, van                      | is, trucks, tractors, sport u    | tility vehicles, motorcycles         | •   |   |   |
| □ No                           |                                  |                                      |   |   |   |
| ■ Yes                          |                                  |                                      |   |   |   |
| _ 100                          |                                  |                                      |   |   |   |
| 3.1 Make:                      | Mitsubishi                       | Who has an interes                   | t in the property? Check one  | Do not deduct secured cla                             | aims or exemptions. Put                 |
|                                | Langer                           | <del>_</del>                         | till the property? Check one  | the amount of any secure<br>Creditors Who Have Clair  |   |
| Model:<br>Year:                | 2005                             | Debtor 1 only                        |   |   |   |
|                                |                                  | Debtor 2 only  Debtor 1 and Debtor 1 | stor 2 only   | Current value of the<br>entire property?              | Current value of the portion you own?   |
|                                | information:                     |                                      | e debtors and another   | chino proporty :                                      | portion you own.                        |
|                                |                                  | — 7 ti least one of the              | c debiors and another   |   |   |
|                                |                                  | ☐ Check if this is o                 | community property  | \$4,000.00  | \$4,000.00                              |
|                                |                                  | (see instructions)                   |   |   |   |
|                                |                                  |                                      |   |   |   |
| 3.2 Make:                      | Hyundai                          | Who has an interes                   | t in the property? Check one  | Do not deduct secured cla<br>the amount of any secure |   |
| Model                          | Veloster                         | Debtor 1 only                        |   | Creditors Who Have Clair                              |   |
| Year:                          | 2012                             | ☐ Debtor 2 only                      |   | Current value of the                                  | Current value of the                    |
| Approx                         | ximate mileage: 65               | Debtor 1 and Deb                     | otor 2 only   | entire property?                                      | portion you own?                        |
| Other                          | information:                     | ☐ At least one of the                | e debtors and another   |   |   |
|                                |                                  | _                                    |   | <b>#0.000.00</b>                                      | <b>#0.000.00</b>                        |
|                                |                                  |                                      | community property  | \$8,000.00  | \$8,000.00                              |
|                                |                                  | (see instructions)                   |   |   |   |
|                                |                                  |                                      |   |   |   |
| . Watercra                     | ft, aircraft, motor homes, A     | TVs and other recreationa            | I vehicles, other vehicles, ar  | nd accessories  |   |
|                                |                                  |                                      | els, snowmobiles, motorcycle  |   |   |
| _                              |                                  |                                      |   |   |   |
| ■ No                           |                                  |                                      |   |   |   |
| ☐ Yes                          |                                  |                                      |   |   |   |

Official Form 106A/B Schedule A/B: Property page 1

| Debtor     | 1 Keara Kapusniak  |   | Case number (if                     | known) <u>16-41373</u>  |
|------------|--|---|-------------------------------------|---|
|            |  | ou own for all of your entries from P<br>Write that number here         |                                     |   |
|            |  |   |                                     |   |
|            | Describe Your Personal and Housel own or have any legal or equita                        | nold Items uble interest in any of the following it                     | ems?                                | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Exa<br>□ N | sehold goods and furnishings<br>mples: Major appliances, furniture,<br>o<br>es. Describe | linens, china, kitchenware  |                                     |   |
|            | 2 bedroom utensils, de   | sets, couch, chairs, kitchen table a<br>ecorations                      | and chair, pots and pans,           | \$1,500.00  |
| □N         | mples: Televisions and radios; aud including cell phones, came                           | iio, video, stereo, and digital equipment<br>eras, media players, games | ; computers, printers, scanners;    | music collections; electronic devices   |
|            | televisions  | cell phone, computer  |                                     | \$500.00  |
|            | toloviolorio,  | Compriorio, compator  |                                     |   |
| Exa        | other collections, memorab   | ntings, prints, or other artwork; books, p<br>ilia, collectibles        | ictures, or other art objects; star | mp, coin, or baseball card collections;   |
|            | musical instruments  | ise, and other hobby equipment; bicycl                                  | es, pool tables, golf clubs, skis;  | canoes and kayaks; carpentry tools;   |
|            | es. Describe   |   |                                     |   |
| ■ N        | amples: Pistols, rifles, shotguns, a   | mmunition, and related equipment  |                                     |   |
|            |  |   |                                     |   |
| □N         | amples: Everyday clothes, furs, lea  | ather coats, designer wear, shoes, acce                                 | ssories                             |   |
| T Y        |  |   |                                     | <b>\$200.00</b>   |
|            | Wearing A  | oparei<br>————————————————————————————————————                          |                                     | \$300.00  |
| □N         | amples: Everyday jewelry, costume  | e jewelry, engagement rings, wedding ri                                 | ings, heirloom jewelry, watches,    | gems, gold, silver  |
|            | Wedding J  | ewelry  |                                     | \$500.00  |
| Exa<br>■ N | n-farm animals<br>amples: Dogs, cats, birds, horses<br>o<br>es. Describe                 |   |                                     |   |

Official Form 106A/B Schedule A/B: Property page 2

| Debtor 1                     | Keara Kapusni                                | iak  |   | Case number (if known)             | 16-41373  |
|------------------------------|--|--|---|------------------------------------|---|
| 14. <b>Any o</b><br>■ No     | ther personal and                            | household items you  | did not already list, including an  | y health aids you did not list     |   |
| ☐ Yes                        | . Give specific infor                        | rmation  |   |                                    |   |
|                              |  |  | om Part 3, including any entries fo   |                                    | \$2,800.00  |
| Part 4: Do                   | escribe Your Financia                        | al Assets  |   |                                    |   |
| Do you o                     | wn or have any leç                           | gal or equitable intere  | st in any of the following?   |                                    | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No                         |  |  | ur home, in a safe deposit box, and   | on hand when you file your petiti  | on  |
|                              |  |  |   | Cash                               | \$50.00   |
| •                            |  |  | accounts; certificates of deposit; sh   |                                    | houses, and other similar   |
| □ No                         | institutions. If                             | you have multiple acco   | ounts with the same institution, list e   | each.                              |   |
| Yes                          | i  |  | Institution name:   |                                    |   |
|                              |  | 17.1. Checking   | U.S. Bank   |                                    | \$100.00  |
| Exam No Yes  19. Non-p and j | nples: Bond funds, ir  bublicly traded stoo  | Institution or iss   | th brokerage firms, money market a suer name:   |                                    | st in an LLC, partnership,  |
| Nego<br>Non-i<br>■ No        | <i>tiable instrument</i> s ir                | rate bonds and other and o | negotiable and non-negotiable in:<br>s, cashiers' checks, promissory note<br>ot transfer to someone by signing or | struments<br>es, and money orders. |   |
| Exam                         | ement or pension and apples: Interests in IR |  | (k), 403(b), thrift savings accounts,   | or other pension or profit-sharing | plans   |
| ■ No<br>□ Yes                | . List each account                          | separately. Type of account:   | Institution name:   |                                    |   |
| Your<br>Exam                 |  | deposits you have made   | de so that you may continue service rent, public utilities (electric, gas, wa                                     |                                    | nies, or others   |
| ■ No<br>□ Yes                | i  |  | Institution name or indiv   | vidual:                            |   |
| 23. <b>Annui</b> ■ No        |  | a periodic payment of u  | money to you, either for life or for a  | number of years)                   |   |

Official Form 106A/B
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| De  | ebtor 1          | Keara Kapusniak  | Case number (if known)                          | 16-41373  |
|-----|------------------|--|---|---|
| 24. |                  | s in an education IRA, in an account in a qualified ABLE prog<br>C. §§ 530(b)(1), 529A(b), and 529(b)(1).  | ram, or under a qualified state tuition pro     | gram.   |
|     | ■ No<br>□ Yes    |  | records of any interests.11 U.S.C. § 521(c):    |   |
| 25. | Trusts,          | equitable or future interests in property (other than anything   | listed in line 1), and rights or powers exe     | rcisable for your benefit   |
|     | ■ No<br>□ Yes.   | Give specific information about them   |   |   |
| 26. |                  | s, copyrights, trademarks, trade secrets, and other intellectual les: Internet domain names, websites, proceeds from royalties and                     |   |   |
|     | ☐ Yes.           | Give specific information about them   |   |   |
|     |                  | es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative association                                       | holdings, liquor licenses, professional license | es  |
|     |                  | Give specific information about them   |   |   |
| Mo  | oney or p        | property owed to you?  |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref          | unds owed to you   |   |   |
|     | _                | Give specific information about them, including whether you alrea  | dy filed the returns and the tax years          |   |
|     | ■ No             | support les: Past due or lump sum alimony, spousal support, child support Give specific information  | t, maintenance, divorce settlement, property    | settlement  |
| 30. |                  | mounts someone owes you les: Unpaid wages, disability insurance payments, disability bene- benefits; unpaid loans you made to someone else             | its, sick pay, vacation pay, workers' comper    | nsation, Social Security  |
|     |                  | Give specific information  |   |   |
|     | Ехатр            | ts in insurance policies<br>les: Health, disability, or life insurance; health savings account (H  | SA); credit, homeowner's, or renter's insurar   | nce   |
|     | ■ No<br>□ Yes. I | Name the insurance company of each policy and list its value.  Company name:   | Beneficiary:                                    | Surrender or refund value:  |
| 32. | If you a         | erest in property that is due you from someone who has died<br>are the beneficiary of a living trust, expect proceeds from a life ins<br>the has died. |   | eive property because   |
|     | ■ No<br>□ Yes.   | Give specific information  |   |   |
|     | Ехатр            | against third parties, whether or not you have filed a lawsuit les: Accidents, employment disputes, insurance claims, or rights                        |   |   |
|     | ■ No<br>□ Yes.   | Describe each claim  |   |   |
| 34. |                  | ontingent and unliquidated claims of every nature, including   | counterclaims of the debtor and rights to       | set off claims  |
|     | ■ No<br>□ Yes.   | Describe each claim  |   |   |

Official Form 106A/B Schedule A/B: Property page 4

| Deb          | tor 1           | Keara Kapusniak   |                            | Case number (if known)    | 16-41373         |
|--------------|-----------------|---|----------------------------|---------------------------|------------------|
| 35.          | Any fin         | ancial assets you did not already list  |                            |                           |                  |
|              | No              |   |                            |                           |                  |
|              | Yes.            | Give specific information   |                            |                           |                  |
| 36.          |                 | he dollar value of all of your entries from Part 4, including the transfer of |                            |                           | \$150.00         |
| Part         | 5: Des          | scribe Any Business-Related Property You Own or Have an Interes   | t In. List any real estate | e in Part 1.              |                  |
| 37. D        | o you o         | wn or have any legal or equitable interest in any business-related  | property?                  |                           |                  |
|              | No. Go          | to Part 6.  |                            |                           |                  |
|              | Yes. G          | o to line 38.   |                            |                           |                  |
|              |                 |   |                            |                           |                  |
| Part         |                 | scribe Any Farm- and Commercial Fishing-Related Property You O<br>ou own or have an interest in farmland, list it in Part 1.  | wn or Have an Interest     | ln.                       |                  |
| 46. <b>I</b> | Do you          | own or have any legal or equitable interest in any farm-  | or commercial fishir       | ng-related property?      |                  |
|              | _ `             | Go to Part 7.   |                            |                           |                  |
|              | ☐ Yes.          | Go to line 47.  |                            |                           |                  |
|              |                 |   |                            |                           |                  |
| Part         | 7:              | Describe All Property You Own or Have an Interest in That You [   | Oid Not List Above         |                           |                  |
|              |                 | have other property of any kind you did not already list?   |                            |                           |                  |
|              |                 | les: Season tickets, country club membership  |                            |                           |                  |
| _            | I No<br>I ∨oc ≀ | Give specific information   |                            |                           |                  |
| _            | <b>1</b> 165. 1 | Give specific information   |                            | _                         |                  |
| 54.          | Add tl          | he dollar value of all of your entries from Part 7. Write tha   | at number here             |                           | \$0.00           |
|              |                 |   |                            | L                         |                  |
| Part         | 8:              | List the Totals of Each Part of this Form   |                            |                           |                  |
| 55.          | Part 1          | : Total real estate, line 2   |                            |                           | \$0.00           |
|              |                 | :: Total vehicles, line 5   | \$12,000.00                |                           | Ψ0.00            |
|              |                 | : Total personal and household items, line 15   | \$2,800.00                 |                           |                  |
|              |                 | : Total financial assets, line 36   | \$150.00                   |                           |                  |
| 59.          | Part 5          | : Total business-related property, line 45  | \$0.00                     |                           |                  |
| 60.          | Part 6          | : Total farm- and fishing-related property, line 52   | \$0.00                     |                           |                  |
| 61.          | Part 7          | : Total other property not listed, line 54 +  | \$0.00                     |                           |                  |
| 62.          | Total           | personal property. Add lines 56 through 61  | \$14,950.00                | Copy personal property to | stal \$14,950.00 |
| 63.          | Total           | of all property on Schedule A/B. Add line 55 + line 62  |                            |                           | \$14,950.00      |
|              |                 |   |                            | L.                        |                  |

Official Form 106A/B Schedule A/B: Property page 5

| Fill in this info                       | rmation to identify your | case:              |             |                                    |
|---|--------------------------|--------------------|-------------|------------------------------------|
| Debtor 1                                | Keara Kapusniak          |                    |             |                                    |
|   | First Name               | Middle Name        | Last Name   |                                    |
| Debtor 2                                |                          |                    |             |                                    |
| (Spouse if, filing)                     | First Name               | Middle Name        | Last Name   |                                    |
| United States Bankruptcy Court for the: |                          | EASTERN DISTRICT O | PF MISSOURI |                                    |
| Case number                             | 16-41373                 |                    |             |                                    |
| (if known)                              |                          |                    |             | Check if this is an amended filing |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property  | Current value of the<br>portion you own | The state of the s |   | Specific laws that allow exemption |
|--|---|--|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B     | Check only one box for each exemption.   |   |                                    |
| 2 bedroom sets, couch, chairs, kitchen table and chair, pots and pans, utensils, | \$1,500.00                              |  | \$1,500.00  | RSMo § 513.430.1(1)                |
| decorations Line from Schedule A/B: 6.1  |   |  | 100% of fair market value, up to any applicable statutory limit |                                    |
| televisions, cell phone, computer Line from Schedule A/B: 7.1                    | \$500.00                                |  | \$500.00  | RSMo § 513.430.1(1)                |
| Elle Holli Gollicale 70 B. 7.1   |   |  | 100% of fair market value, up to any applicable statutory limit |                                    |
| Wearing Apparel Line from Schedule A/B: 11.1                                     | \$300.00                                |  | \$300.00  | RSMo § 513.430.1(1)                |
| Zine nem esticate fuzi i i i i   |   |  | 100% of fair market value, up to any applicable statutory limit |                                    |
| Wedding Jewelry Line from Schedule A/B: 12.1                                     | \$500.00                                |  | \$500.00  | RSMo § 513.430.1(2)                |
| Elle Holli Gollocale 70 B. 12.1  |   |  | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cash Line from Schedule A/B: 16.1  | \$50.00                                 |  | \$50.00   | RSMo § 513.430.1(3)                |
| Ellic Hoth Goriodaio FVD. 10.1   |   |  | 100% of fair market value, up to any applicable statutory limit |                                    |

| Debtor | 1 Keara Kapusniak   |  | Case number (if know                     | n) <u>16-41373</u>                 |
|--------|---|--|--|------------------------------------|
|        | ef description of the property and line on Current value of the Amount of the hedule A/B that lists this property portion you own |  | Amount of the exemption you claim        | Specific laws that allow exemption |
|        |   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption.   |                                    |
|        | necking: U.S. Bank  | ecking: U.S. Bank e from Schedule A/B: 17.1  \$100.00  100% of fair market value, up to any applicable statutory limit |  | RSMo § 513.430.1(3)                |
| LIII   | e IIOIII Scredule A.B. 17.1   |  |  | ·<br> -                            |
|        | e you claiming a homestead exemption ubject to adjustment on 4/01/16 and every  |  |  | nent.)                             |
|        | No  |  |  |                                    |
|        | Yes. Did you acquire the property covere  | ed by the exemption wi   | thin 1,215 days before you filed this ca | se?                                |
|        | □ No  |  |  |                                    |
|        | ☐ Yes   |  |  |                                    |

| Fill in this information to identify yo           | ur eece.   |               |   |  |                                   |
|---|--|---------------|---|--|-----------------------------------|
| Fill in this information to identify yo           | ui case.   |               |   |  |                                   |
| Debtor 1 Keara Kapusnia                           |  |               |   |  |                                   |
| First Name  | Middle Name Last   | t Name        |   |  |                                   |
| Debtor 2 (Spouse if, filing) First Name           | Middle Name Last   | t Name        |   |  |                                   |
| United States Bankruptcy Court for the            | EASTERN DISTRICT OF MISSOUR  | રા            |   |  |                                   |
| Case number 16-41373                              |  |               |   |  |                                   |
| (if known)  |  |               |   |  | if this is an                     |
|   |  |               |   | amend  | ded filing                        |
| Official Form 106D                                |  |               |   |  |                                   |
| Schedule D: Creditors                             | S Who Have Claims Sec  | cured         | by Propert  | y  | 12/15                             |
|   | If two married people are filing together, bot<br>t, number the entries, and attach it to this for   |               |   |  |                                   |
| 1. Do any creditors have claims secured by        | your property?   |               |   |  |                                   |
| ☐ No. Check this box and submit                   | this form to the court with your other sche  | edules. You   | ı have nothing else   | to report on this form.                                |                                   |
| Yes. Fill in all of the information               | below.   |               |   |  |                                   |
| Part 1: List All Secured Claims                   |  |               |   |  |                                   |
|   | more than one secured claim, list the creditor seconditions and claim, list the other creditors in Part 2. der according to the creditor's name. |               | Column A  Amount of claim  Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Vantage Credit Union                          | Describe the property that secures the cla   | nim:          | \$7,065.00  | \$4,000.00   | \$3,065.00                        |
| Creditor's Name                                   | 2005 Mitsubishi Lancer 100,000 m   |               |   |  |                                   |
| 4020 Fee Fee Road<br>Bridgeton, MO 63044          | As of the date you file, the claim is: Check apply.  Contingent  | all that      |   |  |                                   |
| Number, Street, City, State & Zip Code            | Unliquidated   |               |   |  |                                   |
| Who owes the debt? Check one.                     | ☐ Disputed  Nature of lien. Check all that apply.  |               |   |  |                                   |
| Debtor 1 only                                     | An agreement you made (such as mortga  | age or secure | d   |  |                                   |
| Debtor 2 only                                     | car loan)  | _             |   |  |                                   |
| ☐ Debtor 1 and Debtor 2 only                      | ☐ Statutory lien (such as tax lien, mechanic   | 's lien)      |   |  |                                   |
| At least one of the debtors and another           | ☐ Judgment lien from a lawsuit   |               |   |  |                                   |
| ☐ Check if this claim relates to a community debt | ☐ Other (including a right to offset)  |               |   |  |                                   |
| Date debt was incurred 03/2013                    | Last 4 digits of account number  | 0306          |   |  |                                   |
| <u> </u>  |  |               |   |  |                                   |
| 2.2 Vantage Credit Union                          | Describe the property that secures the cla   | aim:          | \$10,176.00   | \$8,000.00   | \$2,176.00                        |
| Creditor's Name                                   | 2012 Hyundai Veloster 65000 mile   | es            |   |  |                                   |
| 4020 Fee Fee Road                                 | As of the date you file, the claim is: Check a   | all that      |   |  |                                   |
| Bridgeton, MO 63044                               | apply.  Contingent   |               |   |  |                                   |
| Number, Street, City, State & Zip Code            | ☐ Unliquidated   |               |   |  |                                   |
| Who owes the debt? Check one.                     | ☐ Disputed  Nature of lien. Check all that apply.  |               |   |  |                                   |
| ■ Debtor 1 only                                   | An agreement you made (such as mortga  | age or secure | d   |  |                                   |
| Debtor 2 only                                     | car loan)  |               |   |  |                                   |
| Debtor 1 and Debtor 2 only                        | Statutory lien (such as tax lien, mechanic   | 's lien)      |   |  |                                   |
| At least one of the debtors and another           | ☐ Judgment lien from a lawsuit   |               |   |  |                                   |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset)  |               |   |  |                                   |
| -   | Look A digito of account mounts or   | 0200          |   |  |                                   |
| Date debt was incurred 03/2013                    | Last 4 digits of account number  | 0306          |   |  |                                   |

Debtor 1 Keara Kapusniak Case number (if know) 16-41373

First Name Middle Name Last Name

Add the dollar value of your entries in Column A on this page. Write that number here:

\$17,241.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$17,241.00

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in this inf                                       | formation to identify your  | case:  |                           |                                   |                   |                                       |
|--|---|--|---------------------------|-----------------------------------|-------------------|---------------------------------------|
| Debtor 1   | Keara Kapusniak   |  |                           |                                   |                   |                                       |
|  | First Name  | Middle Name  | Last Name                 |                                   |                   |                                       |
| Debtor 2   | First Name  | National Disease   | L ( N                     |                                   |                   |                                       |
| (Spouse if, filing)                                    | FIRST Name  | Middle Name  | Last Name                 |                                   |                   |                                       |
| United States  | Bankruptcy Court for the:   | EASTERN DISTRICT   | OF MISSOURI               |                                   |                   |                                       |
| Case number  | 16-41373  |  |                           |                                   |                   |                                       |
| (if known)   | 10-41373  |  |                           |                                   | ПС                | neck if this is an                    |
|  |   |  |                           |                                   | _                 | nended filing                         |
|  |   |  |                           |                                   |                   |                                       |
| Official Fo  | orm 106E/F  |  |                           |                                   |                   |                                       |
| Schedule   | E/F: Creditors W  | ho Have Unsec  | ured Claims               |                                   |                   | 12/15                                 |
| D: Creditors Wh<br>the Continuation<br>number (if know | •   | perty. If more space is need to information to report in | eded, copy the Part yo    | u need, fill it out, number the   | entries in the bo | oxes on the left. Attach              |
|  | t All of Your PRIORITY Un   |  |                           |                                   |                   |                                       |
| _ ′  | ditors have priority unsecured  | ciaims against you?                                      |                           |                                   |                   |                                       |
| No. Go   | to Part 2.  |  |                           |                                   |                   |                                       |
| ☐ Yes.   |   |  |                           |                                   |                   |                                       |
|  | t All of Your NONPRIORIT  |  |                           |                                   |                   |                                       |
| 3. Do any cre  | ditors have nonpriority unsecu  | red claims against you?                                  |                           |                                   |                   |                                       |
| ☐ No. You  | have nothing to report in this pa   | rt. Submit this form to the co                           | urt with your other sche  | dules.                            |                   |                                       |
| Yes.   |   |  |                           |                                   |                   |                                       |
| claim, list th   | our nonpriority unsecured clai<br>ne creditor separately for each clads a particular claim, list the othe | im. For each claim listed, id                            | entify what type of claim | it is. Do not list claims already | included in Part  | 1. If more than one n Page of Part 2. |
|  |   |  |                           |                                   |                   | Total claim                           |
|  | Cash Express, Inc   | Last 4 digit   | s of account number       | 5005                              | -                 | \$360.35                              |
| •  | ority Creditor's Name<br>8 Page Ave   | When was   | the debt incurred?        | 02/2016                           |                   |                                       |
|  | Louis, MO 63132   |  |                           | 02/2010                           |                   |                                       |
| Numbe  | er Street City State Zlp Code   | As of the d  | ate you file, the claim i | s: Check all that apply           |                   |                                       |
| Who ii   | ncurred the debt? Check one.  | ☐ Continge   | ent                       |                                   |                   |                                       |
| ■ De   | btor 1 only   |  |                           |                                   |                   |                                       |
| ☐ De   | btor 2 only   | ☐ Disputed   |                           |                                   |                   |                                       |
| ☐ De   | btor 1 and Debtor 2 only  | •  | NPRIORITY unsecure        | d claim:                          |                   |                                       |
| ☐ At I   | least one of the debtors and anot   |  |                           |                                   |                   |                                       |
|  | eck if this claim is for a comm claim subject to offset?  | unity debt   |                           | ration agreement or divorce that  | at you did not    |                                       |
| ■ No   |   | ☐ Debts to   | pension or profit-sharin  | g plans, and other similar debts  | 3                 |                                       |
| ☐ Yes  | S   | Other. S   | <sub>pecify</sub> Loan    |                                   |                   |                                       |

Best Case Bankruptcy

| Debtor | 1 Keara Kapusniak   |  | Case number (if know)          | 16-41373         |            |
|--------|---|--|--------------------------------|------------------|------------|
| 4.2    | Advance America   | Last 4 digits of account number                            | 7808                           |                  | \$425.00   |
|        | Nonpriority Creditor's Name<br>15521 Manchester Rd<br>Ballwin, MO 63011       | When was the debt incurred?                                | 02/2016                        |                  | Ψ120.00    |
|        | Number Street City State Zlp Code   | As of the date you file, the claim                         | is: Check all that apply       |                  |            |
|        | Who incurred the debt? Check one.   | ☐ Contingent   |                                |                  |            |
|        | Debtor 1 only   | ☐ Unliquidated   |                                |                  |            |
|        | ☐ Debtor 2 only   | ☐ Disputed   |                                |                  |            |
|        | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure                               | d claim:                       |                  |            |
|        | $\square$ At least one of the debtors and another                             | ☐ Student loans  |                                |                  |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce   | that you did not |            |
|        | ■ No  | Debts to pension or profit-sharing                         | ng plans, and other similar de | bts              |            |
|        | Yes   | Other. Specify Loan  |                                |                  |            |
| 4.3    | Barnes Jewish Hospital Nonpriority Creditor's Name                            | Last 4 digits of account number                            | 5140                           |                  | \$2,005.99 |
|        | PO Box 954540<br>Saint Louis, MO 63195  | When was the debt incurred?                                | 02/2015                        |                  |            |
|        | Number Street City State Zlp Code   | As of the date you file, the claim                         | is: Check all that apply       |                  |            |
|        | Who incurred the debt? Check one.   | ☐ Contingent   |                                |                  |            |
|        | ■ Debtor 1 only   | ☐ Unliquidated   |                                |                  |            |
|        | ☐ Debtor 2 only   | ☐ Disputed   |                                |                  |            |
|        | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure                               | d claim:                       |                  |            |
|        | $\square$ At least one of the debtors and another                             | ☐ Student loans  |                                |                  |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce   | that you did not |            |
|        | ■ No  | Debts to pension or profit-sharing                         | ng plans, and other similar de | bts              |            |
|        | Yes   | ■ Other. Specify Medical                                   |                                |                  |            |
| 4.4    | Capital One   | Last 4 digits of account number                            | 3611                           |                  | \$698.00   |
|        | Nonpriority Creditor's Name<br>PO Box 30281<br>Salt Lake City, UT 84130       | When was the debt incurred?                                | 04/2013                        |                  |            |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim                         | is: Check all that apply       |                  |            |
|        | ■ Debtor 1 only   | ☐ Contingent   |                                |                  |            |
|        | _   | ☐ Unliquidated   |                                |                  |            |
|        | Debtor 2 only   | ☐ Disputed   |                                |                  |            |
|        | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure                               | d claim:                       |                  |            |
|        | At least one of the debtors and another                                       | Student loans  |                                |                  |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce   | that you did not |            |
|        | No  | Debts to pension or profit-sharir                          | ng plans, and other similar de | bts              |            |
|        | Yes   | · ·  | • •                            | <del></del>      |            |
|        | LI TES  | Other. Specify Credit card                                 | puicilases                     |                  |            |

| Debtor | 1 Keara Kapusniak   |  | Case number (if know)         | 16-41373         |            |
|--------|---|--|-------------------------------|------------------|------------|
| 4.5    | Capital One   | Last 4 digits of account number                              | 4553                          |                  | \$717.00   |
|        | Nonpriority Creditor's Name<br>PO Box 30281                                   | When was the debt incurred?                                  | 05/2013                       |                  |            |
|        | Salt Lake City, UT 84130  Number Street City State Zlp Code                   | As of the date you file, the claim i                         | is: Check all that apply      |                  |            |
|        | Who incurred the debt? Check one.   | ☐ Contingent   |                               |                  |            |
|        | Debtor 1 only   | ☐ Unliquidated   |                               |                  |            |
|        | ☐ Debtor 2 only   | ☐ Disputed   |                               |                  |            |
|        | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure                                 | d claim:                      |                  |            |
|        | $\square$ At least one of the debtors and another                             | ☐ Student loans  |                               |                  |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce  | that you did not |            |
|        | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar de | bts              |            |
|        | Yes   | ■ Other. Specify Credit card                                 | purchases                     |                  | -          |
| 4.6    | Comenity Capital Bank   | Last 4 digits of account number                              | 5210                          |                  | \$1,694.42 |
|        | Nonpriority Creditor's Name Bankruptcy Department PO Box 183043               | When was the debt incurred?                                  | 02/2016                       |                  | _          |
|        | Columbus, OH 43218-3043   |  |                               |                  |            |
|        | Number Street City State Zlp Code   | As of the date you file, the claim                           | is: Check all that apply      |                  |            |
|        | Who incurred the debt? Check one.   | ☐ Contingent   |                               |                  |            |
|        | ■ Debtor 1 only   | ☐ Unliquidated   |                               |                  |            |
|        | ☐ Debtor 2 only   | ☐ Disputed   |                               |                  |            |
|        | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure                                 | d claim:                      |                  |            |
|        | ☐ At least one of the debtors and another                                     | ☐ Student loans  |                               |                  |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce  | that you did not |            |
|        | ■ No  | ☐ Debts to pension or profit-sharin                          |                               |                  |            |
|        | Yes   | Other. Specify Charge  |                               |                  | -          |
| 4.7    | Comenity Capital/HSN  | Last 4 digits of account number                              | 7724                          |                  | \$1,694.00 |
|        | Nonpriority Creditor's Name P.O. Box 182120                                   | When was the debt incurred?                                  | 01/2013                       |                  | _          |
|        | Columbus, OH 43218  Number Street City State Zlp Code                         | As of the date you file, the claim i                         | is: Check all that apply      |                  |            |
|        | Who incurred the debt? Check one.   | ☐ Contingent   |                               |                  |            |
|        | Debtor 1 only   | ☐ Unliquidated   |                               |                  |            |
|        | ☐ Debtor 2 only   | ☐ Disputed   |                               |                  |            |
|        | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                | d claim:                      |                  |            |
|        | ☐ At least one of the debtors and another                                     | ☐ Student loans  |                               |                  |            |
|        | ☐ Check if this claim is for a community debt                                 | ☐ Obligations arising out of a sepa                          | aration agreement or divorce  | that you did not |            |
|        | Is the claim subject to offset?   | report as priority claims                                    |                               | ,                |            |
|        | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar de | bts              |            |
|        | Yes   | ■ Other. Specify Charge Acc                                  | count                         |                  |            |
|        |   |  |                               |                  | _          |

| Debtor | 1 Keara Kapusniak  |  | Case number (if know)           | 16-41373         |            |
|--------|--|--|---------------------------------|------------------|------------|
| 4.8    | Kohls  | Last 4 digits of account number                              | 9715                            |                  | \$987.00   |
| 4.0    | Nonpriority Creditor's Name  | Last 4 digits of account number                              | 9713                            |                  |            |
|        | PO Box 3115  | When was the debt incurred?                                  | 12/2012                         |                  |            |
|        | Milwaukee, WI 53201  Number Street City State Zlp Code                           | As of the date you file, the claim i                         | is: Check all that apply        |                  |            |
|        | Who incurred the debt? Check one.  | ☐ Contingent   |                                 |                  |            |
|        | ■ Debtor 1 only  | ☐ Unliquidated   |                                 |                  |            |
|        | ☐ Debtor 2 only  | ☐ Disputed   |                                 |                  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecure                                 | d claim:                        |                  |            |
|        | $\square$ At least one of the debtors and another                                | ☐ Student loans  |                                 |                  |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?    | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce    | that you did not |            |
|        | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar del | bts              |            |
|        | Yes  | ■ Other. Specify Charge Acc                                  | count                           |                  |            |
| 4.9    | LoanMe, Inc  | Last 4 digits of account number                              | 2234                            |                  | \$9,925.00 |
|        | Nonpriority Creditor's Name<br>1900 S. State College Blvd                        | When was the debt incurred?                                  | 07/20/2015                      |                  |            |
|        | Suite 300  |  |                                 |                  |            |
|        | Anaheim, CA 92806  Number Street City State Zlp Code                             | As of the date you file, the claim i                         | is: Chack all that apply        |                  |            |
|        | Who incurred the debt? Check one.  | _  | s. Oneck all that apply         |                  |            |
|        | ■ Debtor 1 only  | Contingent   |                                 |                  |            |
|        | ☐ Debtor 2 only  | Unliquidated   |                                 |                  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |                                 |                  |            |
|        | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                        |                  |            |
|        | _  | ☐ Student loans  |                                 |                  |            |
|        | ☐ Check if this claim is for a community debt<br>Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce    | that you did not |            |
|        | ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar del | bts              |            |
|        | Yes  | Other. Specify Loan  |                                 |                  |            |
| 4.10   | Mercy Hospital St. Louis   | Last 4 digits of account number                              | 2235                            |                  | \$587.00   |
|        | Nonpriority Creditor's Name P.O. Box 504856 Saint Louis, MO 63150-4856           | When was the debt incurred?                                  | 01/2016                         |                  |            |
|        | Number Street City State Zlp Code  Who incurred the debt? Check one.             | As of the date you file, the claim i                         | is: Check all that apply        |                  |            |
|        | _  | ☐ Contingent   |                                 |                  |            |
|        | Debtor 1 only  | ☐ Unliquidated   |                                 |                  |            |
|        | Debtor 2 only  | ☐ Disputed   |                                 |                  |            |
|        | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured                                | d claim:                        |                  |            |
|        | At least one of the debtors and another  | Student loans  |                                 |                  |            |
|        | ☐ Check if this claim is for a community debt Is the claim subject to offset?    | ☐ Obligations arising out of a separeport as priority claims |                                 |                  |            |
|        | No   | Debts to pension or profit-sharing                           | g plans, and other similar del  | bts              |            |
|        | Yes  | Other. Specify Medical                                       |                                 |                  |            |

| Debto | r 1 Keara Kapusniak   |  | Case number (if know)            | 16-41373        |            |
|-------|---|--|----------------------------------|-----------------|------------|
| 4.11  | QC Financial Services, Inc d/b/a Quik<br>Ca                                       | Last 4 digits of account number                              | 2548                             |                 | \$3,350.00 |
|       | Nonpriority Creditor's Name<br>10800 St. Charles Rock Road<br>Saint Ann, MO 63074 | When was the debt incurred?                                  | 02/2016                          |                 |            |
|       | Number Street City State Zlp Code   | As of the date you file, the claim                           | is: Check all that apply         |                 |            |
|       | Who incurred the debt? Check one.   | ☐ Contingent   |                                  |                 |            |
|       | Debtor 1 only   | ☐ Unliquidated   |                                  |                 |            |
|       | Debtor 2 only   | ☐ Disputed   |                                  |                 |            |
|       | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure                                 | d claim:                         |                 |            |
|       | $\square$ At least one of the debtors and another                                 | ☐ Student loans  |                                  |                 |            |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?     | Obligations arising out of a separeport as priority claims   | aration agreement or divorce the | hat you did not |            |
|       | ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar deb  | ots             |            |
|       | Yes   | Other. Specify Loan  |                                  |                 |            |
| 4.12  | Synchrony Bank  | Last 4 digits of account number                              | 9510                             | _               | \$267.00   |
|       | Nonpriority Creditor's Name<br>PO Box 965005                                      | When was the debt incurred?                                  | 04/2015                          |                 |            |
|       | Orlando, FL 32896  Number Street City State Zlp Code                              | As of the date you file, the claim                           | in. Chaple all that apply        |                 |            |
|       | Who incurred the debt? Check one.   | As of the date you me, the claim                             | is. Check all that apply         |                 |            |
|       | Debtor 1 only   | ☐ Contingent   |                                  |                 |            |
|       |   | ☐ Unliquidated   |                                  |                 |            |
|       | Debtor 2 only   | ☐ Disputed   |                                  |                 |            |
|       | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure                                 | d claim:                         |                 |            |
|       | ☐ At least one of the debtors and another   | ☐ Student loans  |                                  |                 |            |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?     | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce t   | hat you did not |            |
|       | ■ No  | ☐ Debts to pension or profit-sharing                         | ng plans, and other similar deb  | ots             |            |
|       | Yes   | ■ Other. Specify Charge Acc                                  | count                            |                 |            |
| 4.13  | Title Loan Co. dba The Loan Machine Nonpriority Creditor's Name                   | Last 4 digits of account number                              | 5400                             | _               | \$2,500.00 |
|       | 3635 N. Lindberg Ave<br>Saint Ann, MO 63074                                       | When was the debt incurred?                                  | 01/2016                          |                 |            |
|       | Number Street City State Zlp Code   | As of the date you file, the claim                           | is: Check all that apply         |                 |            |
|       | Who incurred the debt? Check one.   | ☐ Contingent   |                                  |                 |            |
|       | ■ Debtor 1 only   | ☐ Unliquidated   |                                  |                 |            |
|       | ☐ Debtor 2 only   | ☐ Disputed   |                                  |                 |            |
|       | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure                                 | d claim:                         |                 |            |
|       | ☐ At least one of the debtors and another   | ☐ Student loans  |                                  |                 |            |
|       | ☐ Check if this claim is for a community debt                                     | ☐ Obligations arising out of a sepa                          | aration agreement or divorce the | hat you did not |            |
|       | Is the claim subject to offset?   | report as priority claims                                    | · ·                              | -               |            |
|       | ■ No  | ☐ Debts to pension or profit-sharir                          | ng plans, and other similar deb  | ots             |            |
|       | Yes   | Other. Specify Loan  |                                  |                 |            |
|       |   |  |                                  |                 |            |

| Debtor 1 K  | Ceara Kar                  | ousniak  |   | Case n       | number (if know)      | 16-41373             |                       |
|---|----------------------------|--|---|--------------|-----------------------|----------------------|-----------------------|
|   |                            | edit Union   | Last 4 digits of account number                           | 0306         | <u> </u>              | _                    | \$1,117.00            |
|   | priority Cred<br>20 Fee Fe | ditor's Name<br>ee Road  | When was the debt incurred?                               | 40/20        | 013                   |                      |                       |
|   |                            | MO 63044<br>City State Zlp Code                                      | As of the data you file the elaim                         | ia. Chaak    | all that apply        |                      |                       |
|   |                            | he debt? Check one.  | As of the date you file, the claim                        | i is. Check  | ан шагарру            |                      |                       |
| _   | Debtor 1 onl               |  | ☐ Contingent  |              |                       |                      |                       |
| _   |                            | ,  | ☐ Unliquidated  |              |                       |                      |                       |
|   | Debtor 2 onl               | •  | ☐ Disputed  |              |                       |                      |                       |
|   | Debtor 1 and               | d Debtor 2 only  | Type of NONPRIORITY unsecure                              | ed claim:    |                       |                      |                       |
|   | At least one               | of the debtors and another   | ☐ Student loans   |              |                       |                      |                       |
|   |                            | s claim is for a community debt bject to offset?                     | Obligations arising out of a sepreport as priority claims | paration agr | reement or divorce    | that you did not     |                       |
|   | ١o                         |  | Debts to pension or profit-shar                           | ing plans, a | and other similar de  | bts                  |                       |
|   | 'es                        |  | ■ Other. Specify Unsecured                                | d Loan       |                       |                      |                       |
| Dort 2:   | :-4 O4b                    | a to Do Natified About a Daht  | That Var. Almondul inted                                  |              |                       |                      |                       |
| Part 3: L   | ist Otners                 | s to Be Notified About a Debt  | Inat You Aiready Listed                                   |              |                       |                      |                       |
| Name and Ad<br>Hunter Wa<br>4620 Woo<br>Tampa, FL | arfield Inc<br>dland Co    | : Line<br>orp Blvd   |   | ☐ Part 1: 0  | Creditors with Priori | ity Unsecured Claims | ims                   |
| Part 4: A   | dd the Ar                  | mounts for Each Type of Unse   | cured Claim   |              |                       |                      |                       |
|   | mounts of o                | certain types of unsecured claims.                                   |   | eporting p   | ourposes only. 28 l   | J.S.C. §159. Add the | amounts for each type |
| or unsecure                                       | eu ciaiiii.                |  |   |              | Total                 | Claim                |                       |
|   | 6a.                        | Domestic support obligations   |   | 6a.          | \$                    | 0.00                 |                       |
| Total claims from Part 1                          | 6b.                        | Taxes and certain other debts yo                                     | u owo the government                                      | 6b.          | \$                    | 0.00                 |                       |
| II OIII Fait I                                    | 6c.                        | Claims for death or personal inju                                    | J   | 6c.          | \$ ———                | 0.00                 |                       |
|   | 6d.                        | -  | red claims. Write that amount here.                       | 6d.          | \$                    | 0.00                 |                       |
|   |                            |  |   |              |                       |                      |                       |
|   | 6e.                        | Total Priority. Add lines 6a through                                 | n 6d.   | 6e.          | \$                    | 0.00                 |                       |
|   |                            |  |   |              |                       |                      |                       |
|   | 6f.                        | Student loans  |   | 6f.          |                       | Claim                |                       |
| Total claims                                      | OI.                        | Ottudent Idans   |   | OI.          | \$                    | 0.00                 |                       |
| from Part 2                                       | 6g.                        |  | ration agreement or divorce that ye                       | ou ea        | ¢                     | 0.00                 |                       |
|   | 6h.                        | did not report as priority claims  Debts to pension or profit-sharin | g plans, and other similar debts                          | 6g.<br>6h.   | \$<br>*               | 0.00                 |                       |
|   | 6i.                        | •  | secured claims. Write that amount he                      |              | \$                    | 26,327.76            |                       |
|   | 2.7                        |  |   | ***          |                       | 20,021.10            | _                     |
|   | 6j.                        | Total Nonpriority. Add lines 6f thro                                 | ough 6i.  | 6j.          | \$                    | 26,327.76            |                       |

| Fill in this infor  | mation to identify your  | case:              |            |                                      |
|---------------------|--------------------------|--------------------|------------|--------------------------------------|
| Debtor 1            | Keara Kapusniak          |                    |            |                                      |
|                     | First Name               | Middle Name        | Last Name  |                                      |
| Debtor 2            |                          |                    |            |                                      |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name  |                                      |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT O | F MISSOURI |                                      |
| Case number         | 16-41373                 |                    |            |                                      |
| (if known)          |                          |                    |            | ☐ Check if this is an amended filing |

## Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Name   Number   Street   State   ZIP Code  |     | Person or | company with | whom you have the | contract or lease | State what the contract or lease is for |
|--|-----|-----------|--------------|-------------------|-------------------|---|
| Number Street   City State ZIP Code    Number Street  City  State  ZIP Code  2.3  Name  Number Street  City  State  ZIP Code  2.4  Name  Number Street  City  State  ZIP Code  2.5  Name  Number Street  City  State  ZIP Code   | 2.1 |           |              |                   |                   |   |
| City         State         ZIP Code           2.2         Name         Number Street           City         State         ZIP Code           2.3         Name         City         State         ZIP Code           2.4         Name         Number Street         City         State         ZIP Code           2.5         Name         Number Street         Number Street  |     | Name      |              |                   |                   | _                                       |
| Number   Street  |     | Number    | Street       |                   |                   | _                                       |
| Number   Street  |     | City      |              | State             | ZIP Code          | _                                       |
| Number Street  City State ZIP Code  2.3  Name  Number Street  City State ZIP Code  2.4  Name  Number Street  City State ZIP Code  2.5  Name  Number Street   | 2.2 | -         |              |                   |                   |   |
| City         State         ZIP Code           2.3         Name         Number         Street           City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street   |     | Name      |              |                   |                   | _                                       |
| 2.3   Name   Number   Street   State   ZIP Code    2.4   Name   Street   City   State   ZIP Code      Number   Street   State   ZIP Code    2.5   Name   Number   Street   Street   City   State   ZIP Code      Number   Street   City   State   ZIP Code   City   State   ZIP Code      Number   Street   City   Street   City   C |     | Number    | Street       |                   |                   |   |
| Number Street  City State ZIP Code  2.4  Name  Number Street  City State ZIP Code  2.5  Name  Number Street  |     | City      |              | State             | ZIP Code          |   |
| Number Street  City State ZIP Code  2.4  Name  Number Street  City State ZIP Code  2.5  Name  Number Street  | 2.3 |           |              |                   |                   |   |
| City         State         ZIP Code           2.4         Name           Number         Street           City         State         ZIP Code           2.5         Name           Number         Street  |     | Name      |              |                   |                   | _                                       |
| 2.4 Name  Number Street  City State ZIP Code  2.5  Name  Number Street   |     | Number    | Street       |                   |                   |   |
| Number Street  City State ZIP Code  2.5  Name  Number Street   |     | City      |              | State             | ZIP Code          |   |
| Number Street  City State ZIP Code  2.5  Name  Number Street   | 2.4 |           |              |                   |                   |   |
| City         State         ZIP Code           2.5         Name           Number         Street   |     | Name      |              |                   |                   |   |
| Number Street  Street  |     |           | Street       |                   |                   |   |
| Number Street  |     | City      |              | State             | ZIP Code          |   |
| Number Street  | 2.5 |           |              |                   |                   |   |
|  |     | Name      |              |                   |                   |   |
| City State ZIP Code  |     |           | Street       |                   |                   |   |
|  |     | City      |              | State             | ZIP Code          | <del>_</del>                            |

| Fill in th               | is information to identify your  | case:  |                             |   |   |
|--------------------------|--|--|-----------------------------|---|---|
| Debtor 1                 | Keara Kapusniak  |  |                             |   |   |
| Dahtano                  | First Name   | Middle Name  | Last Name                   |   |   |
| Debtor 2 (Spouse if,     |  | Middle Name  | Last Name                   |   |   |
| United S                 | tates Bankruptcy Court for the:  | EASTERN DISTRICT O                                   | F MISSOURI                  |   |   |
| Case nu                  | mber 16-41373  |  |                             |   |   |
| (if known)               | <u>10 11010</u>  |  |                             |   | Check if this is an   |
|                          |  |  |                             |   | amended filing  |
| Officia                  | al Form 106H   |  |                             |   |   |
| Sche                     | dule H: Your Cod   | ebtors   |                             |   | 12/15   |
| fill it out,<br>your nam |  | boxes on the left. Attach<br>. Answer every question | n the Additional Page to    | this page. On the top   | needed, copy the Additional Page<br>o of any Additional Pages, write                                      |
| _                        | , ,  | , ou are ming a joint case,                          | ac not not can or operate o |   |   |
| □ N<br>■ Y               | -  |  |                             |   |   |
|                          | ithin the last 8 years, have you<br>ona, California, Idaho, Louisiana, |  |                             |   |   |
|                          | o. Go to line 3.<br>es. Did your spouse, former spot                   | use, or legal equivalent live                        | e with you at the time?     |   |   |
| in liı<br>Forr           | ne 2 again as a codebtor only i  | f that person is a guaran                            | ntor or cosigner. Make s    | ure you have listed th  | g with you. List the person shown<br>ne creditor on Schedule D (Officia<br>Schedule E/F, or Schedule G to |
|                          | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZI    | P Code   |                             | Column 2: The cre<br>Check all schedule                         | ditor to whom you owe the debt s that apply:  |
| 3.1                      | Jeffrey Kapusniak<br>12092 Colonial Drive<br>Maryland Heights, MO 6304 | 13   |                             | ■ Schedule D, lin □ Schedule E/F, □ Schedule G Vantage Credit U | line  |
| 3.2                      | Jeffrey Kapusniak<br>12092 Colonial Drive<br>Maryland Heights, MO 6304 | 13   |                             | ☐ Schedule D, lin ■ Schedule E/F, ☐ Schedule G Vantage Credit U | line 4.14   |

Schedule H: Your Codebtors

| Fill in this information to     | o identify your case:                           |   |
|---------------------------------|---|---|
| Debtor 1                        | Keara Kapusniak                                 |   |
| Debtor 2<br>(Spouse, if filing) |   |   |
| United States Bankrup           | tcy Court for the: EASTERN DISTRICT OF MISSOURI |   |
| Case number 16-                 | 41373   | Check if this is:   |
| (If known)                      |   | ☐ An amended filing   |
|                                 |   | A supplement showing postpetition chapter 13 income as of the following date: |
| Official Form                   | <u>106l</u>                                     | MM / DD/ YYYY   |
|                                 |   |   |

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| 1. | Fill in your employment information.                        |                    | Debtor 1  | Debtor 2 or non-filling spouse           |
|----|---|--------------------|---|--|
|    | If you have more than one job,                              | Empleyment status  | ■ Employed  | ■ Employed                               |
|    | attach a separate page with information about additional    | Employment status  | ☐ Not employed  | ☐ Not employed                           |
|    | employers.  | Occupation         | Clerical  | Manurfacturing                           |
|    | Include part-time, seasonal, or self-employed work.         | Employer's name    | Brubaker & Associates   | True Manufacturing Company, Inc.         |
|    | Occupation may include student or homemaker, if it applies. | Employer's address | 16690 Swingley Ridge Road, Ste<br>140<br>Chesterfield, MO 63017 | 2001 E. Terra Lane<br>O Fallon, MO 63366 |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

|    |     | For Debtor 1 |     | Debtor 2 or<br>-filing spouse |
|----|-----|--------------|-----|-------------------------------|
| 2. | \$  | 3,700.00     | \$  | 3,319.33                      |
| ۷. | Ψ   | 0,700.00     | Ψ   | 0,010.00                      |
| 3. | +\$ | 0.00         | +\$ | 0.00                          |
| 4. | \$  | 3,700.00     | \$  | 3,319.33                      |

| Debt | tor 1  | Keara Kapusniak  |   | Ca       | ase number ( <i>if known</i> )                 | _        | 16-41  | 1373      |                   |  |                 |
|------|--|--|---|----------|--|----------|--|-----------|-------------------|--|-----------------|
|      |  |  |   |          | For Debtor 1                                   |          | non-   | Debto     | spo               | use  |                 |
|      | Col  | by line 4 here   | 4.  | 9        | 3,700.00                                       | _        | \$   | 3         | ,31               | 9.33   |                 |
| 5.   | List   | t all payroll deductions:  |   |          |  |          |  |           |                   |  |                 |
|      | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g.<br>5h. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:  | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g.<br>5h.+ | 4        | 6 0.00<br>6 0.00<br>6 0.00<br>6 0.00<br>6 0.00 |          | \$<br>\$<br>\$<br>\$<br>\$<br>\$                           |           | 132<br>218<br>533 | 4.33<br>0.00<br>2.77<br>8.79<br>3.00<br>0.00<br>0.00 | -               |
| 6.   | Add  | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.  | \$       | 746.00   | <u> </u> | \$   | 1         | ,40               | 8.89   | _               |
| 7.   | Cal  | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.  | \$       | 2,954.00                                       | <u></u>  | \$   | 1         | ,91               | 0.44   | -               |
| 9.   | 8a.<br>8b.<br>8c.<br>8d.<br>8e.<br>8f.               | A all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify: | 8c.<br>8d.<br>8e.                                     | 07 07 07 | 6 0.00<br>6 0.00<br>6 0.00                     | )        | \$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |           | (                 | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 |                 |
|      |  |  |   |          | 1  |          |  |           | <br>1 г           |  |                 |
| 10.  |  | culate monthly income. Add line 7 + line 9.  If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$  | _        | 2,954.00 +                                     | ;        | 1,9  | 10.44     | ]=                | \$<br>   | 4,864.44        |
| 11.  | Incl<br>othe<br>Do                                   | te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not excify:  | deper   |          | .,   |          | •  |           | ıle J.<br>+S      |  | 0.00            |
| 12.  |  | If the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certailies   |   |          |  |          |  | e.<br>12. | \$                |  | 4,864.44        |
| 13.  | Do   | you expect an increase or decrease within the year after you file this form  | ?   |          |  |          |  |           |                   | mbir<br>onthl  | ned<br>y income |

No.

Yes. Explain:

| Fill       | in this information              | on to identify y                 | our case:                |  |   | Ī           |          |                    |   |      |
|------------|----------------------------------|----------------------------------|--------------------------|--|---|-------------|----------|--------------------|---|------|
| Deb        | otor 1                           | Keara Kapus                      | niak                     |  |   | Ch          | eck if t | this is:           |   |      |
|            | _                                | rtoura rtapao                    | man                      |  |   |             | An a     | amended filing     |   |      |
| 1          | otor 2<br>ouse, if filing)       |                                  |                          |  |   |             |          |                    | ving postpetition chapte<br>the following date: | er   |
| (Орс       | ouse, ii iiiiig)                 |                                  |                          |  |   |             | 13 6     | spenses as or      | the following date.                             |      |
| Unit       | ted States Bankrup               | otcy Court for the:              | EASTE                    | RN DISTRICT OF MISSO                                       | URI                                     |             | MM       | / DD / YYYY        |   |      |
|            | nown)                            | 41373                            |                          |  |   |             |          |                    |   |      |
| O          | fficial For                      | m 106J                           |                          |  |   |             |          |                    |   |      |
| S          | chedule                          | J: Your                          | Exper                    | ises   |   |             |          |                    | 1:  | 2/15 |
| Be<br>info | as complete ar                   | nd accurate as<br>re space is ne | s possible<br>eded, atta | . If two married people a<br>ach another sheet to this     |   |             |          |                    |   |      |
| Par        |                                  | e Your House                     | ehold                    |  |   |             |          |                    |   |      |
| 1.         | Is this a joint                  |                                  |                          |  |   |             |          |                    |   |      |
|            | ■ No. Go to I                    |                                  | in a conar               | ate household?   |   |             |          |                    |   |      |
|            | _                                | Debioi 2 live                    | iii a Sepai              | ate nousenoid?   |   |             |          |                    |   |      |
|            | □ No<br>□ Yes                    | s. Debtor 2 mus                  | st file Offic            | ial Form 106J-2, <i>Expense</i>                            | s for Separate Hous                     | sehold of D | ebtor 2  | 2.                 |   |      |
| 0          |                                  |                                  | _                        | .a. r c r coo <u>z, z., p</u> co                           | o ro. Coparato rica                     |             | 00.0.    | - <b>.</b>         |   |      |
| 2.         | •                                | dependents?                      | □ No                     |  |   |             |          |                    |   |      |
|            | Do not list Del and Debtor 2.    | otor 1                           | Yes.                     | Fill out this information for each dependent               | Dependent's relation Debtor 1 or Debtor |             |          | Dependent's<br>age | Does dependent live with you?                   |      |
|            | Do not state th                  | ne                               |                          |  |   |             |          |                    | □ No  |      |
|            | dependents na                    | ames.                            |                          |  | Son                                     |             |          | 17                 | ■ Yes   |      |
|            |                                  |                                  |                          |  |   |             |          |                    | □ No  |      |
|            |                                  |                                  |                          |  |   |             |          |                    | ☐ Yes   |      |
|            |                                  |                                  |                          |  |   |             |          |                    | □ No  |      |
|            |                                  |                                  |                          |  |   |             |          |                    | ☐ Yes<br>☐ No                                   |      |
|            |                                  |                                  |                          |  |   |             |          |                    | ☐ Yes   |      |
| 3.         | Do your expe                     | enses include                    | _                        | No   |   |             |          |                    | □ res   |      |
|            |                                  | people other t<br>your depende   | han $_{\square}$         | Yes  |   |             |          |                    |   |      |
| Par        | rt 2: Estima                     | te Your Ongoi                    | na Month                 | lv Expenses  |   |             |          |                    |   |      |
| Est        | imate your exp                   | enses as of ye                   | our bankr                | uptcy filing date unless y<br>y is filed. If this is a sup |   |             |          |                    |   |      |
|            |                                  |                                  |                          | government assistance                                      |   |             |          |                    |   |      |
|            | value of such<br>ficial Form 106 |                                  | d have in                | cluded it on Schedule I:                                   | Your Income                             | -           |          | Your exp           | enses   |      |
| 4.         |                                  | home owners<br>I any rent for th |                          | uses for your residence.                                   | Include first mortgaç                   | ge<br>4.    | \$       |                    | 1,200.00  |      |
|            | If not include                   | d in line 4:                     |                          |  |   |             |          |                    |   |      |
|            | 4a. Real es                      | tate taxes                       |                          |  |   | 4a.         | \$       |                    | 0.00  |      |
|            |                                  | y, homeowner's                   | s, or renter             | 's insurance   |   | 4b.         |          |                    | 0.00  |      |
|            | 4c. Home n                       | naintenance, re                  | epair, and i             | upkeep expenses  |   | 4c.         | \$       |                    | 0.00  |      |
|            |                                  |                                  |                          | dominium dues  |   | 4d.         |          |                    | 0.00  |      |
| 5.         | Additional me                    | ortgage paym                     | ents for yo              | our residence, such as ho                                  | me equity loans                         | 5.          | \$       |                    | 0.00  |      |

| ebtor 1      | Keara Kapusniak   | Case num  | ber (if known) | 16-41373                    |
|--------------|---|-----------|----------------|-----------------------------|
| . Utilit     | ies:  |           |                |                             |
| 6a.          | Electricity, heat, natural gas  | 6a.       | \$             | 300.00                      |
| 6b.          | Water, sewer, garbage collection  | 6b.       |                | 50.00                       |
| 6c.          | Telephone, cell phone, Internet, satellite, and cable services  | 6c.       |                | 400.00                      |
| 6d.          | Other. Specify:   | 6d.       | · -            | 0.00                        |
|              | d and housekeeping supplies   | 7.        |                | 600.00                      |
|              | dcare and children's education costs  | 8.        | ·              | 0.00                        |
|              | ning, laundry, and dry cleaning   | 9.        | ·              | 200.00                      |
|              | onal care products and services   | 9.<br>10. |                |                             |
|              |   |           |                | 100.00                      |
|              | ical and dental expenses  | 11.       | \$             | 150.00                      |
|              | sportation. Include gas, maintenance, bus or train fare.  | 12.       | \$             | 400.00                      |
|              | ot include car payments.  |           |                |                             |
|              | rtainment, clubs, recreation, newspapers, magazines, and books  | 13.       | · -            | 200.00                      |
|              | itable contributions and religious donations  | 14.       | \$             | 0.00                        |
| Insu         |   |           |                |                             |
|              | ot include insurance deducted from your pay or included in lines 4 or 20.   |           | •              |                             |
|              | Life insurance  | 15a.      |                | 0.00                        |
|              | Health insurance  | 15b.      | · :            | 0.00                        |
|              | Vehicle insurance   | 15c.      | ·              | 0.00                        |
|              | Other insurance. Specify:   | 15d.      | \$             | 0.00                        |
| Taxe         | s. Do not include taxes deducted from your pay or included in lines 4 or 20.  | _         |                |                             |
| Spec         |   | 16.       | \$             | 0.00                        |
|              | Illment or lease payments:  |           | <del></del>    |                             |
|              | Car payments for Vehicle 1  | 17a.      | \$             | 0.00                        |
| 17b.         | Car payments for Vehicle 2  | 17b.      | \$             | 0.00                        |
|              | Other. Specify:   | 17c.      | \$             | 0.00                        |
|              | Other. Specify:   | 17d.      | · ·            | 0.00                        |
|              | payments of alimony, maintenance, and support that you did not report as  |           | <u> </u>       | 0.00                        |
|              | icted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).   |           | \$             | 0.00                        |
|              | r payments you make to support others who do not live with you.   |           | \$             | 0.00                        |
| Spec         |   | 19.       |                | 0.00                        |
|              | er real property expenses not included in lines 4 or 5 of this form or on Sch   |           | our Income.    |                             |
|              | Mortgages on other property   | 20a.      |                | 0.00                        |
|              | Real estate taxes   | 20b.      | · :            | 0.00                        |
|              | Property, homeowner's, or renter's insurance  | 20c.      |                | 0.00                        |
|              | Maintenance, repair, and upkeep expenses  | 20d.      |                | 0.00                        |
|              |   |           |                |                             |
|              | Homeowner's association or condominium dues   | 20e.      |                | 0.00                        |
| Othe         | r: Specify: Spouse's Car payment  | 21.       | +\$            | 272.00                      |
| Calc         | ulate your monthly expenses   |           |                |                             |
|              | Add lines 4 through 21.   |           | \$             | 2 072 00                    |
|              | •   |           | \$             | 3,872.00                    |
|              | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |           | ·              |                             |
| 22c.         | Add line 22a and 22b. The result is your monthly expenses.  |           | \$             | 3,872.00                    |
| Calc         | ulate your monthly not income   |           |                |                             |
|              | ulate your monthly net income.  | 000       | ¢              | 4.004.44                    |
|              | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.      | ·              | 4,864.44                    |
| 23b.         | Copy your monthly expenses from line 22c above.   | 23b.      | -\$            | 3,872.00                    |
| 00           | Out to a transport of the same and the same |           |                |                             |
| 23c.         | Subtract your monthly expenses from your monthly income.  | 23c.      | \$             | 992.44                      |
|              | The result is your monthly net income.  | 230.      | Ψ              | 332,44                      |
| For exmodifi |   |           |                | se or decrease because of a |
| □ Ye         | es. Explain here:   |           |                |                             |